

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014717

STATE FILE NUMBER

2732

MAY 1 1959		Registration District No. _____		Primary Registration District No. _____		Registrar No. 2732	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3517 Lawn Ave.</u> Length of stay in lb _____				d. STREET ADDRESS (If outside, give location) <u>3517 Lawn Ave.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>HERMAN BOMER</u>				4. DATE OF DEATH Month Day Year <u>Mar. 16 1959</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Oct. 12, 1891</u>	
9. AGE (In years last birthday) <u>67</u>		10. FUNDING YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) <u>Scott County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman- G. & R. China Co.</u>				10b. KIND OF BUSINESS OR INDUSTRY _____			
13a. FATHER'S NAME <u>Lafe Perdue</u>				13b. MOTHER'S MAIDEN NAME <u>Anna Halley</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Secrest Bomer</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>No</u>				16. SOCIAL SECURITY # <u>497-05-9216</u>			
17. INFORMANT <u>Anna Bomer</u>				Address <u>3517 Lawn Ave.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Carcinoma of the Pancreas</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____						INTERVAL BETWEEN ONSET AND DEATH _____	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) ITEM <u>16</u> <u>5-4-57 DEC</u> CORRECTED BY: 1. AFFIDAVIT OF <u>Funeral Director</u> 2. DOCUMENT <u>S.S. Card # 497-05-9216</u> <u>1-8-37</u>			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.				20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>3/1/58</u>			
20e. CITY, TOWN, OR LOCATION <u>St. Louis</u>				20f. COUNTY STATE <u>Mo.</u>			
21. I attended the deceased from _____ to _____ and last saw him alive on <u>3/7/59</u> . Death occurred at <u>3:45 P.</u> on the date stated above; and to the best of my knowledge, from the causes stated.				22. SIGNATURE (Degree or title) <u>Robert J. Farrell M.D.</u>			
22b. ADDRESS <u>624 W. Union</u>				22c. DATE SIGNED <u>3/17/59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>				23b. DATE <u>Mar. 19, 1959</u>			
23c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Cemetery</u>				23d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Kriegshauser 4228 S. Kingshighway</u>				25. DATE RECD. BY LOCAL REG. <u>MAR 17 '59</u>			
26. REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>							

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *William R. White*

Licensed Embalmer No. *4281*

P. O. Address, *2220 1/2 St. N. W.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.